

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90077 040 \*\*\*\*61.25

<b>DOCUMENT # N02000000796</b>					
<b>1. Entity Name</b> CREEKSIDE OAKS OF JACKSONVILLE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			<b>Mailing Address</b> 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 56-2377420	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WALLACE, L. DENISE 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> BOYD, WILLIAM E <b>STREET ADDRESS</b> 5367 ORTEGA BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> BOYD, MARGARET J <b>STREET ADDRESS</b> 5367 ORTEGA BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> BOYD, CHARLES T III <b>STREET ADDRESS</b> 5367 ORTEGA BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> BOYD, JANE W <b>STREET ADDRESS</b> 5367 ORTEGA BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> BOYD, JANE W. <b>STREET ADDRESS</b> 5345 Ortega Blvd. Ste. 1 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Date: 4/30/07 Daytime Phone #: 904-237-9514		